



TEXAS DEPARTMENT OF HEALTH  
AUSTIN, TEXAS  
INTER-OFFICE MEMORANDUM

TO: Regional Directors  
Directors, Local Health Departments  
Directors, Independent WIC Local Agencies  
Herman Horn, Chief, Bureau of Regional/Local Health Operations

FROM: Barbara Keir, Director  
Public Health Nutrition and Education  
Bureau of Nutrition Services

DATE: October 20, 2000

SUBJECT: Manual breast pump receiving report and inventory log

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All local agencies that ordered Hollister and Medela manual breast pumps and collection kits in September should receive their shipment by December 31, 2000. Use the following procedures when the shipment is received:

- Verify the breast pump count before signing the freight slip.
- The number of breast pumps received should match the number of pumps on the freight and packing slips. **If the numbers do not match, make a note on the freight slip before signing it and releasing the delivery person.**
- Make a note of any discrepancies in the number of pumps received and the number of pumps on the freight and packing slips on the attached Manual Breast Pump Receiving Report before faxing it to the State Agency. **Please fax the Manual Breast Pump Receiving Report, the Hollister or Medela packing list, and the freight slip to the State Agency as soon as possible after receiving the pumps.**

All local agencies must keep inventory of manual pumps by documenting pumps received and pumps issued on the attached inventory log. Release forms are not required for the issuance of manual pumps. The Manual Breast Pump Inventory Log should be kept in a central file at all WIC clinics issuing manual pumps. Make copies of the log as needed.

If you have any questions about the delivery, inventory or issuance of breast pumps, see the **Guidelines for Issuance of Manual Breast Pumps** from memo #00-085 or contact Tracy Erickson, WIC Breastfeeding Coordinator, at (5 12) 458-7111, extension 3409.

Attachment



## MANUAL BREAST PUMP RECEIVING REPORT

When you have received your shipment of *Hollister* and *Medela* manual breast pumps, please count the pumps to make sure, the number on the packing list or freight slip matches the number of pumps received. Then fax this completed form and a copy of the packing slip to Tracy Erickson at (512) 458-7609. **PLEASE FAX THIS INFORMATION AS SOON AS POSSIBLE.** If the number of pumps received does not match the number on the packing slip, contact Tracy Erickson at (512) 458-7111 extension 3409.

Local Agency# \_\_\_\_\_

Drop shipment location if not received at administrative site: \_\_\_\_\_

Number of *Hollister One Hand* manual breast pumps received: \_\_\_\_\_

Number of *Medela Little Hearts* manual breast pumps received: \_\_\_\_\_

Number of *Medela Spring Express* manual breast pumps received: \_\_\_\_\_

Date of delivery: \_\_\_\_\_

Person who signed for shipment: \_\_\_\_\_

Please Print Your Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Fax to Tracy Erickson  
(512) 458- 7609*

*Thank you for your prompt attention to this matter.*

## WIC Manual Breast Pump Inventory Log

Date	Brand/Model of Manual Pump Issued	Participant's Name (Printed)	Participant's Signature	Pump Issued (-) Pumps Received (+)*
				<b>Pumps Received:</b> + _____

\*Document shipments on the date the pumps are received in your clinic.